

PART B - FEE(S) TRANSMITTAL

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26381 1590 02/01/2007

IP Authority, LLC
 Ramraj Soundararajan
 9435 Lorton Market St. #801
 Lorton, VA 22079

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/531,616	03/20/2000	Stefan B. Edlund	AM9-99-0216	6342

TITLE OF INVENTION: SYSTEM AND METHOD FOR SCHEDULED EVENTS TO SUBSCRIBE TO LIVE INFORMATION TOPICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1460	\$0	\$0	\$1460	05/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, THANH T	2174	715-703000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.

☒ "Fee Address" indication for "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Name is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 IP Authority, LLC.
 2 Ramraj Soundararajan

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

International Business Machines Corporation, Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0441 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /ramrajsoundararajan

Date July 11, 2007

Typed or printed name Ramraj Soundararajan

Registration No. 53,832

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